Health Home PMPM Fee Schedule:

The claim must be billed using S0280 and one of the following modifiers:

Member's Tier	PMPM Rate	*Modifier:
Tier 1 (1-3 chronic conditions)	$12.80	U1
Tier 2 (4-6 chronic conditions)	$25.60	TF
Tier 3 (7-9 chronic conditions)	$51.21	U2
Tier 4 (10 or more chronic conditions)	$76.81	TG

**PMPM Claims submitted from the Health Home provider must use Procedure Code S2080 and must include a modifier that represents the appropriate tier.*

Coding for PMPM Claims Submission:

Once the Patient Tier Assignment Tool (PTAT) has been completed, the health home can request member enrollment to the Department through the Iowa Medicaid Portal Access (IMPA) application. Once the member is enrolled, the provider may start submitting monthly Patient Management Payments for the patient.

The billing process is based on the existing claims systems.

Additional Information:

- Submit the Health Home PMPM claims for only one unit each month.
- Submit the Health Home PMPM claim using any single date of service for the month being claimed (e.g.,1/16/2012 – 1/16/2012). Do not claim the whole month date span. A PMPM claim will only be paid once per member, per month.
- Submit the Health Home PMPM claim using the NPI, Taxonomy and Zip code supplied on the Provider application for the Health Home entity on form 470-0254. Do NOT use the NPI, Taxonomy and Zip code used on claims for regular FFS or encounter claims.
- Include the ICD-9 codes on the Health Home PMPM claim that qualify the member for the appropriate tier.
- Include the Appropriate amount for the submitted modifier on the claim.

Iowa Department of Human Services

When is it appropriate to submit a PMPM Claim for Health Home Services?

The criteria required to receive a monthly PMPM payment is:

- The member meets the eligibility requirements as identified by the provider and documented in the member's electronic health record (EHR).
- The member has full Medicaid benefits at the time the PMPM payment is made.
- The member has agreed and enrolled with the designated health home provider.
- The Health Home provider is in good standing with IME and is operating in adherence with all Health Home Provider Standards.
- The minimum service required to merit a Patient Management PMPM payment is that the person has received care management monitoring for treatment gaps defined as Health Home Services in this State Plan, or a covered service defined in this state plan was provided that was documented in the member's EHR.
- The health home will attest, by a monthly claim submission, that the minimum service requirement is met. The patient medical record will document health home service activity and the documentation will include either a specific entry, at least monthly, or an ongoing plan of activity, updated in real time and current at the time of claim submission.

The PMPM payment is a reflection of the added value provided to members receiving this level of care and is risk adjusted based on the level of acuity assigned to each patient based on the provider's overall health assessment using the PTAT guidelines published by the State.